

**MINUTES OF MEETING OF
HEALTH STRATEGIES COUNCIL**

Department of Community Health, Division of Health Planning
2 Peachtree Street, DHR Board Room, 29th Floor, Atlanta, GA 30303

Friday, August 27, 2004

11:00 am – 1:00 pm



Daniel W. Rahn, M.D., Chair, Presiding

MEMBERS PRESENT

William G. "Buck" Baker Jr., M.D.
Honorable Glenda M. Battle, RN, BSN
David Bedell, DVM
Edward J. Bonn, CHE
Tary Brown
W. Clay Campbell
Nelson B. Conger, DMD
Charlene M. Hanson, Ed.D., FNP
Reverend Ike E. Mack
Felix Maher, DMD
Julia L. Mikell, MD
James G. Peak
Raymer Martin Sale, Jr.
Toby D. Sidman (via conference call)
Oscar S. Spivey, MD
Kurt M. Stuenkel, FACHE
Katherine L. Wetherbee
David M. Williams, MD

MEMBERS ABSENT

Harve R. Bauguess
Elizabeth Brock
Katie B. Foster
Sonia Kuniansky
Catherine Slade
Tracy M. Strickland

GUESTS PRESENT

Judy Adams, Ga. Assoc. of Home Health Agencies
Armando Basarratte, Parker Hudson Rainer & Dobbs
Charlotte W. Bedell, Tift County Commission
Webb Cochran, Tenet
Brian Crevasse, Parker Hudson, Rainer & Dobbs
Davis Dunbar, Piedmont Medical Center
Leah Fressell Watkins, Powell Goldstein
Scott J. Frendt, Unisys Company
Nelda Greene, Georgia Dental Association
Richard Hanson
Tarry Hodges, St. Joseph/Candler Health System
Bill Lewis, Phoebe Putney Health System
Mark Mullin, Gwinnett Health System
Steven D. Neff, ALS, Inc.
Kevin Rowley, St. Francis Hospital
Becky Ryles, Omni
Helen Sloat, Nelson Mullins
Chris Thomason, Gwinnett Health System
Karen Waters, Georgia Hospital Association

STAFF PRESENT

Charemon Grant, JD
Richard Greene, JD
Robert Rozier, JD
Rhathelia Stroud, JD
Stephanie Taylor

WELCOME, CALL TO ORDER AND APPROVAL OF MINUTES

Dr. Rahn called the meeting of the Health Strategies Council to order at 11:10 am. He recognized Toby Sidman, who participated in the meeting via conference call. He then asked for a motion to accept and approve the minutes of May 21st meeting which were mailed to members prior to the meeting. Raymer Sale indicated that the draft meeting minutes reflected that he was present at the meeting. He indicated that he did not attend the May 21st meeting and requested that this correction be reflected in the meeting minutes. A motion to accept the minutes of May 21st, following this correction, was made by Clay Campbell, seconded by Charlene Hanson. The Council unanimously approved this motion.

Dr. Rahn recognized council members and complimented Department staff, particularly Robert Rozier and other members of the Office of General Counsel for the extraordinary effort which they put forth in the development and revision of the Department's Health Planning Rules. He said that he was pleased with the Department's commitment to public input throughout the process and extended thanks to Council members for their participation on two conference calls to provide feedback to the Department in the development of the proposed Health Planning Rules.

CREATING HEALTHY NEIGHBORHOODS: USING COMMUNITY VOICES & EXISTING RESOURCES IN THE FIVE CORE COUNTIES OF METROPOLITAN ATLANTA

Dr. Rahn called on "Buck" Baker to provide a brief presentation to the Council about a draft document entitled: *Creating Healthy Neighborhoods: Using Community Voices & Existing Resources In The Five Core Counties Of Metropolitan Atlanta*. This draft document was developed by the Atlanta Regional Health Forum, Inc. (ARHF) and funded by the Community Foundation for Greater Atlanta, Inc. It can be accessed via the ARHF website. The following is an outline of Dr. Baker's discussion:

The Stakeholders of this document indicate that if the health of people is to be impacted by health planning efforts, three questions need to be asked:

- What do the people in the region say about their healthcare? (what do they identify as critical needs/useful resources?)
- What does objective data, including measures of "social health" say about current health needs in the identified region?
- Using both objective and subjective information, where are the opportunities for creating healthy neighborhoods? How can they be addressed?

The Atlanta Regional Health Forum incorporated a passion statement into their planning documents. He indicated that the goal of this report is to:

- Inspire the creation of healthy neighborhoods in metropolitan Atlanta through regional planning;
- Place and keep regional public health priorities in focus;
- Present community perceptions of health, their needs, current assets, and ideal solutions to opportunities identified for improvement;
- Document several recent profiles of local population groups, including teenagers, Hispanic/Latino, Pan-Asian, the elderly, and the homeless;
- Initiate the mapping of assets and capacities of regional agencies, associations and services that address the broad context of health;
- Serve to foster regional connections, communication, and collaboration among agencies and associations engaged in healthy community activities, and to stimulate sharing best practices;

- Introduce a new dynamic regional database of health status indicators, including “social health” measures;
- Provide a basis for informing the public, providers of services, businesses, community organizations, policy makers, and funders to assist in decision making; and
- Encourage facilitation of local community or neighborhood discussions around healthy community opportunities in their domain and build social capital by encouraging participation in local volunteer opportunities.

Dr. Baker indicated that there are four core values that frame the regional activities of the Atlanta Regional Health Forum:

- Justice should drive health decisions, focused especially on increasing access to quality healthcare and eliminating disparity in health status
- All segments of the community participate
- Investments in health use all community assets
- Coordination of health and human services is assured through relationships of trust and transparency

Dr. Baker further indicated that to provide an ongoing picture of the health of the region, the Atlanta Regional Health Forum is collaborating with the Centers for Disease Control and Prevention, the Kerr L. White Institute for Health Services Research, Kaiser Permanente, the Atlanta Regional Commission, the Federal Reserve Bank of Atlanta, and the Georgia Department of Human Resources/Division of Public Health to construct a dynamic, searchable database created from multiple sources in the public domain. Data are included at the present time from census surveys, vital statistics, and other sources that address criminal justice and education. Other sources will be added.

Dr. Baker indicated that reports generated by users can include traditional measures of mortality and morbidity in addition to “social health” indicators, such as child abuse, child poverty, teenage drug use, high school completion, unemployment, wages, healthcare insurance coverage, violent crime, and affordable housing. A goal is to have this database located on the Internet and, where possible, be made accessible where it could be analyzed at the census tract level. The Atlanta Regional Commission and Georgia State University have collaborated to construct a web database presenting the information from the U. S. Census survey, aggregated at the census tract level, allowing the user to construct a neighborhood by selecting one census tract and selecting a radius of other census tracts to include in real time analysis. This site could be populated with health indicators and is located at <http://atlantacensus2000.gsu.edu>. More detailed analysis can include aggregation around subgroups by age, sex, race and ethnicity, socio-economic status, housing, labour, violent crime statistics or other characteristics. Over 1,300 variables are included in the current data dictionary, and information is available for 32 counties of the metropolitan Atlanta region.

During his presentation to the Council, Dr. Baker indicated that the report provides a sample report of the health of our region at the county level for the 10 counties served by the Atlanta Regional Commission (ARC). It includes six traditional indicators and six measures of social health. *It is presented to initiate discussion of how the quality and usability of available data can be improved.* He emphasized that the committee’s purpose is to provide easy access to reliable data and information on which critical decisions regarding improvements in community or neighborhood health can be made. He said that *it is not, at this time, intended to be a basis for critical comparisons of county-by-county performance.* The Atlanta Regional Health Forum is conducting a series of both grassroots-level town hall meetings and meetings of potential users to gather perceptions about local health status and to learn how these types of reports could be of practical benefit. He said that the ARHC operates under the broad concept of “thinking globally, *planning regionally* and acting locally”. The following question and answer period ensued following Dr. Baker’s presentation:

Dr. Rahn: What is the expected impact of this report when it is finalized?

Dr. Baker: Regionally, it would help to prioritize community needs and to seek appropriate stakeholders to address community needs (programs/services). It would also serve as a guide to aid in policy discussion and development.

Dr. Rahn: In defining health, the scope of the program is going outside of what has traditionally been called “healthcare”. How would you respond to this statement?

Dr. Baker: The ARHF has endorsed the concept of health as defined by the World Health Organization: *“Health is a state of complete physical, mental, social (and spiritual) well-being, and not merely the absence of disease or infirmity.”*

Ed Bonn: Were you able to assess the level of engagement of other local providers, including county Health Departments? How does this initiative of the ARHF factor into the development of local community health plans?

Dr. Baker: All of the health departments are engaged in the development of the database. Each has a different level of expertise.

Ed Bonn: Hospitals are required to do some external planning. How does this planning tie into the planning that is going on at the county level?

Dr. Baker: Unfortunately, there is no regional planning that is ongoing at the county level. Each county is standing alone. Health planning continues to be done in silos. It is difficult to get county databases to “speak to each-other” since they use different numerators and denominators in assessing the same factors. There is a need for greater regional planning efforts.

Dr. Rahn acknowledged that statewide healthcare resources are constrained and are expected to be constrained in the future. He said that the issue of how to assess and prioritize community health needs and how to assure an adequate supply of providers to address local health care needs remain critical health concerns. He said that this draft document addresses some critical health planning areas.

Dr. Rahn thanked Dr. Baker for a most informative presentation.

CHAIRMAN’S REPORT

▪ DRAFT HEALTH PLANNING RULES

Dr. Rahn indicated that the Council operated under a tight deadline while reviewing the Draft Health Planning Rules (Rules) so that they could be forwarded to the Board of the Department of Community Health (Board) at their August 25th meeting. He said that the draft Rules were distributed to members of the Board but were not discussed at the Board meeting. It is anticipated that they would be reviewed and discussed at a subsequent meeting largely because of several critical agenda items particularly, budget issues, which needed the Board’s immediate attention. He said that following discussion by the Board, the draft Rules would be formally distributed for public comment. He again thanked members of the Council for their participation in the rules review process.

Dr. Rahn indicated that one outcome of the Council’s review of the draft Rules was a recommendation to establish an Ad Hoc Committee to review the Department’s definitions of “indigent” and “charity care” with the intent to bring uniformity to the data collection process. The Council agreed that the current indigent and charity care definitions should remain in the draft Rules until the committee has completed its work. The Department and the Council has proposed a committee structure which includes ten (10) members and which is chaired by David Williams, MD. The proposed committee membership include the following persons:

David Williams, MD, Chair
Chief Executive Officer
Southside Medical Center

Jim Connolly
Director, Institutional Reimbursement
Department of Community Health/Division of
Medical Assistance

Jeff Crudele
Chief Financial Officer
HCA, Southeastern Division

Dan DeLoach, MD
Plastic Surgeon, & Member, Ambulatory Surgery
Services TAC

Charlotte McMullan
American Institute of Certified Public Accountants

Eric Randolph, MD
Radiation Oncologist

Tony Strange
Chief Executive Officer
HealthField/Four Seasons Home Health Agencies

Kurt Stuenkel
Chief Executive Officer
Floyd Medical Center

Fred Watson
President
Georgia Nursing Home Association

Representative
Centers for Medicare and Medicaid Services

****Cal Calhoun**
Vice President/Financial Services
Georgia Hospital Association
(** recommended addition at the HSC meeting)

The Department would staff this ad hoc committee. Recommendations from this Ad Hoc committee are expected to be presented at the November Council meeting.

▪ **UNIVERSITY SYSTEM**

In his report to the Council, Dr. Rahn noted that a budget reduction is expected for the University System this fiscal year. The proposed reduction, which is under discussion between the Chancellor and the Governor's office, is \$68 million. He said that this reduction represents in excess of 4% in this fiscal year and would pose a considerable challenge to the University System. None of the presidents of the system units has received any formal decisions from the Chancellor at this time, although there have been discussions in the public domain. He said that any changes in tuition or other major decisions would have to be made by the Board of Regents and nothing has been finalized at this time. Dr. Rahn reiterated that the University System is experiencing some tight budget times.

Dr. Rahn said that the overarching purpose of the University System is to contribute to the creation of a more educated Georgia however he noted that there are several challenges facing the system, among them:

- Low participation rates in higher education --- graduation rates from high school in Georgia are low (51%); therefore participation rate in higher education is low. Most recent data suggests that 14% of 9th graders eventually graduate from 4-year colleges. There is a significant impact on economic productivity which correlates to relatively low rates of academic attainment. University System goal is to increase participation rates. Greatest increases in participation rates have occurred in 2-year colleges then 4-year institutions.

- At research universities, the growth in enrollment has been more limited and has been capped at a certain level. Historically, funding for research universities has been linked to credit hour generation along with a funding formula. He said that the University System continue to absorb budget reductions, necessitated by the gap between need and available funding, and it is becoming extremely challenging to continue to increase access to higher education when the dollars per student is constrained. Leadership, faculty and staff are continuing to do more with less. The University System doesn't want to increase class size and see erosion of academic offerings.

Dr. Rahn indicated that State appropriations represent 25% of the core budget at the Medical College of Georgia (MCG). He indicated that MCG has had to secure other funding sources (grants, contracts, clinical revenue, etc.) in order to continue to expand research, to provide clinical services and to maintain its academic mission, despite reductions in state appropriations. He emphasized that there are continuing challenges to the University system.

DEPARTMENT REPORT

Dr. Rahn called on Richard Greene to provide the Department report. Mr. Greene expressed thanks to Council members who sent condolences to him and his family following the recent passing of his mother. He recognized and welcomed Charemon Grant, Deputy General Counsel, to the Council meeting. Ms. Grant has been away from the Department due to illness of her baby.

▪ Formation of Technical Advisory Committees

Mr. Greene indicated that in addition to the ongoing work of the Ambulatory Surgical Services TAC, the three Standing Committees of the Council has recommended the formation of five technical advisory committees. He proposed that the work of the TACs be prioritized in the following priority namely, Inpatient Rehabilitation, Long Term Acute Care, Psychiatric & Substance Abuse Services, Traumatic Brain Injury & Gamma Knives. He asked the Council for a motion to support this recommended priority order of TAC formation. A motion to accept the priority of the TAC formation as proposed by the Department, was made by Clay Campbell, seconded by Jim Peak. The Council unanimously accepted the motion. Mr. Greene said that he expects that all of the TAC work will be completed within a 12-month period. He suggested that two TACs would work simultaneously. He indicated that if the work of all TACs is not completed within the 12-month period, that the Department would provide a report of any work that is in progress.

Dr. Baker inquired about the status of the work of the Ambulatory Surgical Services TAC. Mr. Greene said that the draft Ambulatory Surgical Services Rules have been sent to the Office of the Attorney General (OAG). The Department had expected to receive some guidance from the OAG and has been inquiring about the status of the proposed Rules. He noted that the OAG has been faced with lots of litigation and has sustained significant staff turnover. These factors may have made it difficult for the OAG to render a decision relating to this matter. Several Council members indicated that it is approaching one year since the committee's work has been halted. Council members said that they are anxious to seek resolution of this issue. Dr. Rahn recommended and Council members agreed that the Department should advise the Office of the Attorney General of the Council's eagerness and desire to seek closure of the work of the Ambulatory Surgical Services TAC.

▪ Budget

Mr. Greene indicated that the FY05 Amended & FY06 Budget Proposal, including Proposed Reductions to Medicaid & PeachCare for Kids, are included in Council member packets. He said that he had received a commitment to have someone from the Department's Budget office come to speak to the Council, however

some last minute meeting obligations have made it difficult for the speaker to keep his commitment. Mr. Greene said that the Department's Budget proposal is very fluid, at this time, and is expected to be changed several more times prior to it being finalized. He emphasized that the Division of Health Planning is not involved in the budget development process. Mr. Greene emphasized that Commissioner Burgess would be happy to entertain input from the Council regarding the proposed budget. Dr. Bonn inquired about the establishment of a Think Tank for the purpose of providing input to the Governor in the development of the budget. Mr. Greene indicated that the Governor's office has established a body to examine different budget options in great detail. Dr. Rahn asked Mr. Greene to follow-up with Commissioner Burgess to determine the most effective and efficient way that Council members could have input into the budget development process.

- **Document Management System**

Mr. Greene reported to Council members that at present the Department has a paper-based system for the filing and storing of documents related to the State Health Plan, CON Applications and CON-related files. He said that on average a CON application is approximately 500-600 pages in length. He said that the Department intends to develop and implement a document management system to convert the voluminous and unmanageable paper files to a standard electronic format in order to provide the public, customers and staff more efficient access to these files. He said that the document management system would impact the community's ability to access information from the Department.

- **Data Collection**

Mr. Greene indicated that the Department of Community Health has been collaborating with the Department of Human Resources to fine-tune the data collection process that is used by both state agencies. He indicated that both state government agencies (Department of Community Health and Department of Human Resources) Georgia Hospital Association, University System, Vinson Institute and other organizations around the state are collaborating to ensure greater efficiency in statewide data collection efforts.

- **Cardiovascular Services-"CPORT II" Update**

Mr. Greene indicated that he has been in regular contact with Dr. Aversano following the Council's May meeting. He reported that the "CPORT II" project is still under review and has not reached the implementation phase at this time. He indicated that, in the meantime, Stephanie Taylor and other Department staff have collected articles, and other research materials to support the work of the committee (TAC) when it is eventually convened. He indicated that he is awaiting input from Dr. Aversano, Principal Investigator, regarding the status of this project.

OTHER BUSINESS

The next meeting of the Council is scheduled for Friday, November 19th, 2 Peachtree Street, DHR Board Room, Atlanta from 11:00 am. 1:00 pm.

ADJOURNMENT

There being no further business, the meeting adjourned at 12:00 noon. Minutes taken on behalf of Chair by Stephanie Taylor.

Respectfully Submitted,
Daniel W. Rahn, MD, Chair